

UNITED STATES BANKRUPTCY COURT
DISTRICT OF _____

In re Helen Racanelli
Debtor

Case No. 16-22617
Reporting Period: April 2021

Social Security # 2778
(last 4 digits only)

MONTHLY OPERATING REPORT
(INDIVIDUAL WAGE EARNERS)

File with the Court and submit a copy to the United States Trustee within 20 days after the end of the month and submit a copy of the report to any official committee appointed in the case.
(Reports for Rochester and Buffalo Divisions of Western District of New York are due 15 days after the end of the month, as are the reports for Southern District of New York.)

REQUIRED DOCUMENTS	Form No.	Document Attached	Explanation Attached
Schedule of Cash Receipts and Disbursements	MOR-1 (INDV)		
Bank Reconciliation (or copies of debtor's bank reconciliations)	MOR-1 (CONT)		
Copies of bank statements			
Disbursement Journal	MOR-2 (INDV)		
Balance Sheet	MOR-3 (INDV)		
Copies of tax returns filed during reporting period			
Summary of Unpaid Post-petition Debts	MOR-4 (INDV)		
Status of Secured Notes, Leases, Installment Payments	MOR-5 (INDV)		
Debtor Questionnaire	MOR-6 (INDV)		

I declare under penalty of perjury (28 U.S.C. Section 1746) that the documents attached to this report are true and correct to the best of my knowledge and belief.

Signature of Debtor

Helen Racanelli

Date 4/10/2021

Signature of Joint Debtor

Date _____

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INDIVIDUAL DEBTOR CASH RECEIPTS AND CASH DISBURSEMENTS

(This Form must be submitted for each bank account maintained by the Debtor)

Amounts reported should be per the debtor's books, not the bank statement. The beginning cash should be the ending cash from the prior month or, if this is the first report, the amount should be the balance on the date the petition was filed. Attach the bank statements and a detailed list of all disbursements made during the report period that includes the date, the check number, the payee, the transaction description, and the amount. A bank reconciliation must be attached for each account. [See MOR-1 (CONT)]

	Current Month Actual	Cumulative Filing to Date Actual
Cash - Beginning of Month	270,532.41	
RECEIPTS		
Wages (Net)	5,637.80	
Interest and Dividend Income		
Alimony and Child Support		
Social Security and Pension Income		
Sale of Assets		
Other Income (attach schedule)		
Total Receipts	5,637.80	
DISBURSEMENTS		
ORDINARY ITEMS:		
Mortgage Payment(s)		
Rental Payment(s)		
Other Secured Note Payments		
Utilities	167.99	
Insurance		
Auto Expense	401.75	
Lease Payments		
IRA Contributions		
Repairs and Maintenance	239.67	
Medical Expenses	165.95	
Food, Clothing, Hygiene	1,902.68	
Charitable Contributions		
Alimony and Child Support Payments		
Taxes - Real Estate		
Taxes - Personal Property		
Taxes - Other (attach schedule)		
Travel and Entertainment		
Gifts	128.38	
Other (attach schedule)	14,840.97	
Total Ordinary Disbursements		
REORGANIZATION ITEMS:		
Professional Fees		
U. S. Trustee Fees		
Other Reorganization Expenses (attach schedule)		
Total Reorganization Items		
Total Disbursements (Ordinary + Reorganization)		
Net Cash Flow (Total Receipts - Total Disbursements)		
Cash - End of Month (Must equal reconciled bank statement)	258,322.85	

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BALANCE SHEET

The Balance Sheet is to be completed on an accrual basis only. Pre-petition liabilities must be classified separately from post-petition obligations.

ASSETS	BOOK VALUE AT END OF CURRENT REPORTING MONTH	BOOK VALUE ON PETITION DATE OR SCHEDULED AMOUNT
SCHEDULE A REAL PROPERTY		
Primary Residence		
Other Property (attach schedule)		
TOTAL REAL PROPERTY ASSETS		
SCHEDULE B PERSONAL PROPERTY		
Cash on Hand		
Bank Accounts		
Security Deposits		
Household Goods & Furnishings		
Books, Pictures, Art		
Wearing Apparel		
Furs and Jewelry		
Firearms & Sports Equipment		
Insurance Policies		
Annuities		
Education IRAs		
Retirement & Profit Sharing		
Stocks		
Partnerships & Joint Ventures		
Government & Corporate Bonds		
Accounts Receivable		
Alimony, maintenance, support or property settlements		
Other Liquidated Debts		
Equitable Interests in Schedule A property		
Contingent Interests		
Other Claims		
Patents & Copyrights		
Licenses & Franchises		
Customer Lists		
Autos, Trucks & Other Vehicles		
Boats & Motors		
Aircraft		
Office Equipment		
Machinery, supplies, equipment used for business		
Inventory		
Animals		
Crops		
Farming Equipment		
Farm Supplies		
Other Personal Property (attach schedule)		
TOTAL PERSONAL PROPERTY		
TOTAL ASSETS		

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SUMMARY OF UNPAID POST-PETITION DEBTS

	Number of Days Past Due					Total
	Current	0-30	31-60	61-90	Over 91	
Mortgage						
Rent						
Secured Debt/Adequate Protection Payments						
Professional Fees						
Other Post-Petition debt (list creditor)						
Total Post-petition Debts						

Explain how and when the Debtor intends to pay any past due post-petition debts.

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**POST-PETITION STATUS OF SECURED NOTES, LEASES PAYABLE
AND ADEQUATE PROTECTION PAYMENTS**

NAME OF CREDITOR	SCHEDULED MONTHLY PAYMENT DUE	AMOUNT PAID DURING MONTH	TOTAL UNPAID POST- PETITION
TOTAL PAYMENTS			

INSTALLMENT PAYMENTS

TYPE OF POLICY	CARRIER	PERIOD COVERED	PAYMENT AMOUNT & FREQUENCY

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DEBTOR QUESTIONNAIRE

Must be completed each month. If the answer to any of the questions is "Yes", provide a detailed explanation of each item. Attach additional sheets if necessary.		Yes	No
1	Have any funds been disbursed from any account other than a debtor in possession account this reporting period?		
2	Is the Debtor delinquent in the timely filing of any post-petition tax returns?		
3	Are property insurance, automobile insurance, or other necessary insurance coverages expired or cancelled, or has the debtor received notice of expiration or cancellation of such policies?		
4	Is the Debtor delinquent in paying any insurance premium payment?		
5	Have any payments been made on pre-petition liabilities this reporting period?		
6	Are any post petition State or Federal income taxes past due?		
7	Are any post petition real estate taxes past due?		
8	Are any other post petition taxes past due?		
9	Have any pre-petition taxes been paid during this reporting period?		
10	Are any amounts owed to post petition creditors delinquent?		
11	Have any post petition loans been received by the Debtor from any party?		
12	Is the Debtor delinquent in paying any U.S. Trustee fees?		
13	Is the Debtor delinquent with any court ordered payments to attorneys or other professionals?		

Wells Fargo Everyday Checking

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HELEN RACANELLI
DEBTOR IN POSSESSION
CH 11 CASE # 16-22617 ((SNY))
16 RIVERSIDE PL
DOBBS FERRY NY 10522-1605

Questions?

Available by phone 24 hours a day, 7 days a week:

We accept all relay calls, including 711

1-800-742-4932

En español: 1-877-727-2932

Online: wells Fargo.com

Write: Wells Fargo Bank, N.A. (348)

P.O. Box 6995

Portland, OR 97228-6995

You and Wells Fargo

Thank you for being a loyal Wells Fargo customer. We value your trust in our company and look forward to continuing to serve you with your financial needs.

Account options

A check mark in the box indicates you have these convenient services with your account(s). Go to wells Fargo.com or call the number above if you have questions or if you would like to add new services.

Online Banking	<input checked="" type="checkbox"/>	Direct Deposit	<input checked="" type="checkbox"/>
Online Bill Pay	<input type="checkbox"/>	Auto Transfer/Payment	<input type="checkbox"/>
Online Statements	<input checked="" type="checkbox"/>	Overdraft Protection	<input type="checkbox"/>
Mobile Banking	<input checked="" type="checkbox"/>	Debit Card	<input type="checkbox"/>
My Spending Report	<input checked="" type="checkbox"/>	Overdraft Service	<input type="checkbox"/>



IMPORTANT ACCOUNT INFORMATION

The following dedicated text telephone/telecommunication device for the deaf (TTY/TDD) lines are being retired on March 5, 2021: 800-877-4833, 800-419-2265 and 800-600-4833. We accept relay-assisted calls, including calls from the 711 service, when customers call any Wells Fargo customer service toll-free phone number. Wells Fargo will continue to provide excellent service to our deaf or hard of hearing customers and customers with speech disorders.

Statement period activity summary

Beginning balance on 4/1	\$270,532.41
Deposits/Additions	5,637.80
Withdrawals/Subtractions	- 17,847.36
Ending balance on 4/30	\$258,322.85

Account number: **4573**

HELEN RACANELLI
DEBTOR IN POSSESSION
CH 11 CASE # 16-22617 ((SNY))

New York account terms and conditions apply

For Direct Deposit use

Routing Number (RTN):

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Overdraft Protection

This account is not currently covered by Overdraft Protection. If you would like more information regarding Overdraft Protection and eligibility requirements please call the number listed on your statement or visit your Wells Fargo branch.

Transaction history

Date	Check Number	Description	Deposits/ Additions	Withdrawals/ Subtractions	Ending daily balance
4/1		Purchase authorized on 03/30 Tst* Burgerim - Do Dobbs Ferry NY S581089671529679 Card 6549		31.10	
4/1		Purchase authorized on 04/01 Stop & Shop 0530 390 B Dobbs Ferry NY P00000000989635638 Card 6549		31.12	
4/1		Mellife P C Ins Paymnt Apr 21 xxxxx1485 Racanelli Helen		224.67	270,245.52
4/2		Purchase authorized on 04/02 Stew Leonards-Yo 1 Stew L Yonkers NY P00581092582864264 Card 6549		118.04	
4/2		Purchase authorized on 04/02 Marshalls 221 N. Centr Hartsdale NY P00000000170552081 Card 6549		63.14	270,064.34
4/5		Purchase authorized on 04/02 Dobbs Ferry Ser Dobbs Ferry NY P00000000375589791 Card 6549		40.09	
4/5		Purchase authorized on 04/03 Stop & Shop 0530 390 B Dobbs Ferry NY P00000000877114195 Card 6549		31.90	
4/5		Purchase authorized on 04/03 Sams Italian Resta Dobbs Ferry NY S461093638919277 Card 6549		20.00	
4/5		Purchase authorized on 04/05 Mom's Organic Market Dobbs Ferry NY P00581095679173686 Card 6549		90.83	
4/5		Sacredheart Univ Emarket 210401 0857930 Helen Racanelli		4,232.40	
4/5	137	Check		30.00	265,619.12
4/7		Purchase authorized on 04/07 Decicco S 014180 21 Cente Ardsley NY P00301097738785899 Card 6549		83.70	265,535.42
4/8		Purchase authorized on 04/06 Columbus Nails Hastings on H NY S301096721088539 Card 6549		25.00	
4/8		Purchase authorized on 04/07 Bobs Service Stati Hastings Hdsn NY S581097797368533 Card 6549		25.00	
4/8		Purchase authorized on 04/08 Decicco S 014180 21 Cente Ardsley NY P00301098838756954 Card 6549		75.79	265,409.63
4/12		Recurring Payment authorized on 04/10 Tmobile*Auto Pay 800-937-8997 WA S461100426299110 Card 6549		163.00	
4/12		Purchase authorized on 04/10 Food for Thought Hastings on H NY S381100508872410 Card 6549		35.92	
4/12		Purchase authorized on 04/10 Foodtown #530 Hasting on Hu NY P00000000881580069 Card 6549		54.58	
4/12		Purchase authorized on 04/11 Decicco S 014180 21 Cente Ardsley NY P00461101598251987 Card 6549		218.30	
4/12		Purchase authorized on 04/12 Decicco S 21 Center St Ardsley NY P00000000972991434 Card 6549		28.71	
4/12		American Express ACH Pmt 210412 W3892 Helen Racanelli		10,608.57	254,300.55
4/13		Purchase authorized on 04/11 Custom Crystal Cre Dobbs Ferry NY S381101617320132 Card 6549		14.62	
4/13		Purchase authorized on 04/11 New York Bagel Aut Dobbs Ferry NY S301101618372810 Card 6549		13.15	254,272.78
4/14		Purchase authorized on 04/13 Tst* Chopt - Dobbs Dobbs Ferry NY S381103811542626 Card 6549		12.98	254,259.80
4/15		MT Vernon Bd of Reg Salary 210415 21290000 Racanelli, Helen M	2,818.90		
4/15		Purchase authorized on 04/14 Turkish Cuisine White Plains NY S461104831522105 Card 6549		17.42	
4/15		Purchase authorized on 04/15 Stew Leonards-Yo 1 Stew L Yonkers NY P00461105726287319 Card 6549		213.53	
4/15		Zelle to Tomasino Justine on 04/15 Ref #Rp0B9876Jy		80.00	256,767.75
4/19		Purchase authorized on 04/16 Sq *By The Way Bak Hastings-on-H NY S581106718981515 Card 6549		43.55	
4/19		Purchase authorized on 04/17 Bobs Service Stati Hastings Hdsn NY S461107617732617 Card 6549		46.70	

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Transaction history (continued)

Date	Check Number	Description	Deposits/ Additions	Withdrawals/ Subtractions	Ending daily balance
4/19		Recurring Payment authorized on 04/18 Spotify USA 877-7781161 NY S461109048898399 Card 6549		4.99	
4/19		Purchase authorized on 04/19 Buybuybaby#3002 1019 Cent Scarsdale NY P00461109770247241 Card 6549		48.38	
4/19		Purchase authorized on 04/19 Decicco S 014180 21 Cente Ardsley NY P00301109803273263 Card 6549		107.94	256,516.19
4/22		Purchase authorized on 04/22 Decicco S 014180 21 Cente Ardsley NY P00301112851666286 Card 6549		94.68	256,421.51
4/23		Purchase authorized on 04/22 Yonkers Towing and Yonkers NY S461112504536169 Card 6549		401.75	
4/23		Purchase authorized on 04/22 Carfax *Crashdocs. 800-990-2452 VA S381112523516558 Card 6549		15.00	256,004.76
4/26		Purchase authorized on 04/24 Stew Leonards-Yo 1 Stew L Yonkers NY P00461114662839711 Card 6549		321.37	255,683.39
4/27		Purchase authorized on 04/26 Battaglia Brothers Dobbs Ferry NY S461116724903922 Card 6549		43.49	255,639.90
4/28	139	Check		100.00	255,539.90
4/29		Purchase authorized on 04/27 Hudson Pharmacy An Ossining NY S301117585666110 Card 6549		5.95	
4/29	138	Check		30.00	255,503.95
4/30		MT Vernon Bd of Reg Salary 210430 21290000 Racanelli, Helen M	2,818.90		258,322.85
Ending balance on 4/30					258,322.85
Totals			\$5,637.80	\$17,847.36	

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

Summary of checks written (checks listed are also displayed in the preceding Transaction history)

Number	Date	Amount	Number	Date	Amount	Number	Date	Amount
137	4/5	30.00	138	4/29	30.00	139	4/28	100.00

Monthly service fee summary

For a complete list of fees and detailed account information, see the disclosures applicable to your account or talk to a banker. Go to wellsfargo.com/feefaq for a link to these documents, and answers to common monthly service fee questions.

Fee period 04/01/2021 - 04/30/2021		Standard monthly service fee \$10.00	You paid \$0.00
How to avoid the monthly service fee		Minimum required	This fee period
Have any ONE of the following account requirements			
• Minimum daily balance		\$500.00	\$254,259.80 <input checked="" type="checkbox"/>
• Total amount of qualifying direct deposits		\$500.00	\$5,637.80 <input checked="" type="checkbox"/>
• Age of primary account owner		17 - 24	<input type="checkbox"/>
• The fee is waived when the account is linked to a Wells Fargo Campus ATM or Campus Debit Card			

RC/RC



IMPORTANT ACCOUNT INFORMATION

Can we reach you when it's really important?

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Don't miss suspicious-activity alerts and critical account information. Please make sure your contact information is current by:

- Signing on to wells Fargo.com or the Wells Fargo Mobile® app and navigating to the Update Contact Information page via My Profile
- Contacting the phone number at the top of your statement
- Visiting a branch

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Worksheet to balance your account

Follow the steps below to reconcile your statement balance with your account register balance. Be sure that your register shows any interest paid into your account and any service charges, automatic payments or ATM transactions withdrawn from your account during this statement period.

A Enter the ending balance on this statement. \$ _____

B List outstanding deposits and other credits to your account that do not appear on this statement. Enter the total in the column to the right.

Description	Amount
Total	\$ _____

C Add **A** and **B** to calculate the subtotal. = \$ _____

D List outstanding checks, withdrawals, and other debits to your account that do not appear on this statement. Enter the total in the column to the right.

Number/Description	Amount
Total	\$ _____

E Subtract **D** from **C** to calculate the adjusted ending balance. This amount should be the same as the current balance shown in your register. = \$ _____

General statement policies for Wells Fargo Bank

■ **To dispute or report inaccuracies in information we have furnished to a Consumer Reporting Agency about your accounts.** You have the right to dispute the accuracy of information that Wells Fargo Bank, N.A. has furnished to a consumer reporting agency by writing to us at Overdraft Collection and Recovery, P.O. Box 5058, Portland, OR 97208-5058. Please describe the specific information that is inaccurate or in dispute and the basis for the dispute along with supporting documentation. If you believe the information furnished is the result of identity theft, please provide us with an identity theft report.

■ **In case of errors or questions about your electronic transfers,** telephone us at the number printed on the front of this statement or write us at Wells Fargo Bank, P.O. Box 6995, Portland, OR 97228-6995 as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number (if any).
2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

Helen Racanelli

April 2021

Date	Check Number	Amount
April 5, 2021	137	\$30.00
April 28, 2021	139	\$100.00
April 29, 2021	138	\$30.00